

SUPERIOR VISION INSURANCE PLAN OF WISCONSIN VOLUNTARY BENEFIT

If enrolling in Vision Coverage or discontinuing coverage, please complete the Insurance Benefit form and return to Human Resources. There is a minimum requirement of 10 employees in each plan in order to offer both plans to the City. Full premium is paid by the employee.

Plan Description	Full Service	Materials Only
Frequency Limitations		
Eye Examination	Once Every 12 Months	Not Covered
Lenses	Once Every 12 Months	Once every 12 Months
Frame	Once Every 12 Months	Once every 24 Months
Contact Lenses	Once Every 24 Months	Once Every 12 Months
	Once Every 12 Months	
Vision Benefits		
Vision Exam In-Network	100%	Not Covered
Vision Exam Out-of-Network	Up to \$35.00	Not Covered
Frames In-Network	Up to \$125.00	Up to \$125.00
Frames Out-of-Network	Up to \$70.00	Up to \$70.00
Lens Benefits (Clear, Standard, Glass or Plastic)		
Single Vision In-Network	100%	100%
Single Vision Out-of-Network	Retail value to \$25.00	Retail value to \$25.00
Bifocal In-Network	100%	100%
Bifocal Out-of-Network	Retail value to \$40.00	Retail Value to \$40.00
Trifocal In-Network	100%	100%
Trifocal Out-of-Network	Retail value to \$45.00	Retail value to \$45.00
Contact Lenses Benefit		
Medically Necessary w/PreAuth In-Network	100%	100%
Medically Necessary w/PreAuth Out-of-Network	\$150.00 Maximum	\$150.00 Maximum
Elective In-Network	\$150.00 Maximum	\$150.00 Maximum
Elective Out-of-Network (In lieu of spectacle lenses)	Retail Value to \$125.00	Retail Value to \$125.00
Bi-Weekly Rates		
Employee Only	\$4.00	\$2.83
Limited Family	\$8.00	\$5.65
Family	\$10.60	\$7.48

(Limited Family is defined as Employee + Spouse OR Employee + Children)